

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

California

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

542301

Study Area Code(s) (SAC)

Calaveras Telephone Company

ETC Name(s)

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

None

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Xerox - CA LifeLine Administrator prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
394	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
251	23	23	66

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,


Signature of Officer

President

Title of Officer

Yvonne Wooster

Person Completing this Certification Form

James H. Tower

Printed Name of Officer

1/15/13

Date

209 785-2211

Contact Phone Number

Calaveras Telephone Company

APPENDIX TO SECTION 3 OF FCC FORM 555

1/15/13

Calaveras Telephone Company (542301) certification in Section 3 of FCC Form 555 extends to all federal Lifeline certification procedures, except those for which the state of California has received a waiver, and as to those rules, compliance has been deferred for ETCs in California.”

Yvonne Wooster

From: Allen, Bill [Bill.Allen@xerox.com]
Sent: Thursday, January 10, 2013 2:51 PM
To: Yvonne Wooster
Cc: Allen, Bill
Subject: Form 555 Annual ETC filing details - Calaveras

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Hi Yvonne,

Below are the details you need for your form 555 annual ETC filing. The descriptions of those fields are included based on our discussions with the USAC; we are still waiting for written confirmation from them. If any of these descriptions change we will rerun the numbers:

- All Carriers must fill out columns A and B.
- Leave columns C thru H blank
- Column I - Number of consumers that are approved for continued eligibility on the Lifeline program
- Column J – Number of subscribers reviewed by state administrator found ineligible for renewal – renewal denied
- Column K – Number of subscribers de-enrolled because they are no longer eligible (Should equal the number in Column J)
- Column L – Consumer will only be counted once that de-enrolled from the program (regardless of the number of times they de-enroll and re-enroll on the program)

OCN - 2301

Field	Numbers
Column I	251
Column J	23
Column K	23
Column L	66

Best regards,

Bill

Bill Allen
CA LifeLine – Carrier Liaison
916-730-4943

